

Application Data Sheet

Application Information

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Cycle Mode Providing Redundant Back-Up To Ensure Termination Of Treatment Therapy In A Medical Device System
Attorney Docket Number:: 11738.00137
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 33
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 4005 W. 124th Street

City of mailing address:: Leawood
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Naresh
Middle Name:: C.
Family Name:: Bhavaraju
Name Suffix::
City of Residence:: Mission
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 6909 W. 51st Place
Apt. 3B

City of mailing address:: Mission
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66202

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Carlson
Name Suffix::
City of Residence:: Fridley
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 141 46th Avenue NE

City of mailing address:: Fridley
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55421

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Randy
Middle Name:: M.
Family Name:: Jensen
Name Suffix::
City of Residence:: Hampton
State or Province of Residence:: Minnesota
Country of Residence:: USA

Street of mailing address:: 23080 Conrad Avenue
City of mailing address:: Hampton
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55031

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/504,447	09/19/03
This Application	Non-Provisional of	60/418,609	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway NE
City of mailing address:: LC 340
Minneapolis

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55432